



Project Lifesaver
Columbia County Sheriff's Office
Physician's Statement

Patient's Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Caregiver's Name: _____ Relationship to Client: _____

Phone: (Home) _____ (Cell): _____

Physician's Name: _____ Phone: _____

Specialty: _____

Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

In order to qualify for the Project Lifesaver program, a diagnosis is required. Eligibility is restricted to the following: Probable Alzheimer's disease or related dementia, Autism, Down Syndrome, Traumatic Brain Injury or other conditions that may cause wandering, bolting, running and/or eloping.

Diagnosis, to include any other medical conditions: _____

Do you feel that the patient has the capability of wandering? _____ If so, why? _____

Do you recommend Project Lifesaver for this patient? _____

Comment: _____

Physician's Signature: _____ Date: _____

Return the completed form to the address listed below:

Project Lifesaver
Columbia County Sheriff's Office
Attn: Community Services Division
2273 County Camp Rd.
Appling, GA 30808
Phone: (706) 541-2856
Fax: (706) 541-2833



Project Lifesaver
Columbia County Sheriff's Office
Application Form

Client's Name: _____ Common Name: _____

Social Security No. _____ Sex: _____ Date of Birth: _____

Marital Status: Married _____ Widowed _____ Divorced _____ Single _____

Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Responsible Parties Name/Caregiver: _____

Relationship to Client: _____ Phone: (Home) _____ (Cell) _____

Physician's Name: _____ Phone: _____

Specialty: _____

How did you hear about project lifesaver? _____

List name of all members living in your household (Excluding Client)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employer/Occupation</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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